National Gulf War Resource Center

Presented by

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Before the

Subcommittee on National Security, Emerging Threats, And International Relations

Regarding

Examining the Status of Gulf War Research and Investigations on Gulf War Illnesses

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Mr. Chairman,

On behalf of the National Gulf War Resource Center (NGWRC), I want to thank the Chairman and other distinguished members for affording us the opportunity to testify before you here today. Too many years have passed for our Government to not find effective treatments for veterans suffering from Gulf War Illnesses.

As you know, the battle was first waged in the court of public opinion based on Department of Defense (DoD) and in some cases, Department of Veterans Affairs (VA) spin.

Today, we can report that science is unraveling the mystery surrounding Gulf War Illnesses because there is a political will to look for answers. Nothing that happened to Gulf War veterans in 1991 should be a mystery in anyone's mind based on science produced today. However, there are still researchers and doctors in DoD and the VA healthcare system that refuse to read, recite and promote, the new science or new committees formed to address this issue.

This continued effort by a few bad people who hold key positions is the reason we are just now looking into treatment modalities for ill veterans. The corruptness and nepotism of these few players needs to be addressed for the future of all veterans in the DoD and VA Healthcare system.

Mr. Chairman, I believe you will agree with me when I say we need a "Manhattan Project-like" effort to understand the consequences of the modern battlefield. If we can find the political and scientific will to place a rover on Mars then we can certainly spend the required capitol to understand, find and deliver effective treatments for exposures. The reason this effort is so necessary is because you, this committee, your state, and our America will face these same type exposures, if predictions about terrorist activities and intent prove to be true in the future.

It's not enough to hold hearings on this issue to expose the flaws in the system. The time has come for accountability and focused determination. Where needed, Congress must pass laws mandating research and treatment efforts. When discovered, Congress must punish those who deliberately lean away from the veteran or those who purposely manipulate and inhibit science based on old theories that have long since been found to be untrue.

We call on this committee to take bold steps and we hope our testimony will provide insight and direction for the road ahead.

What we have now

DoD:
For all intents and purposes, the DoD is not conducting research nor investigating anything related to Gulf War Illness. The Department continues to fund things like Cognitive Behavioral Therapy and Exercise Behavioral Therapy. Both of these programs are fine for addressing depression and helping soldiers cope with illness, but do nothing to address the illness itself. DoD medical research continues to press on with the "Stress Theory" model of medical care. Let me cite a few examples. Recently, soldiers who have returned from Iraq have had their medical concerns classified as "In your head hysteria" when they asked for screening for dangerous substances like Depleted Uranium and Lariam Toxicity. Several days ago, a sarin filled 155 shell exposed two soldiers to low levels of sarin. In all the cases above, the Department downplayed the exposures even in the face of scientific data that is clearly irrefutable.

Something must be done to get away from the "Risk Communication "model that downplays exposures and give the veterans the information they need to address their health concerns.

The soldiers recently exposed to sarin in Iraq should have been given:

1. Blood tests (including PON concentrations and activity levels & genotype; AChE levels and variants), blood archiving, and formal monitoring. Monitoring should include symptom testing to include, cognitive, muscle strength and fatigability. Testing should be repeated several weeks after the exposure. Then a long-term plan with a 5 to10 year follow-up so that subjects can later be compared to their earlier performance. Identifying a control group of comparable age and sex to follow would also be desirable as to assess whether "age-related" losses are more rapid in the exposed group.
2. Exposed persons should be informed of the risk factors to include signs and symptoms to watch out for.
3. The soldiers should be given autonomic tests that have been found effective in ill GWV's, such as forearm erythema with methacholine challenge, visceral and cutaneous sensitivity.
4. Sample soldiers for how long traces of sarin or potential toxic degradation products remain on hair; hair is a high surface area item that can serve as a depot following exposures, and hair or hair products often are good substrates for holding lipophilic substances (which could then engender secondary low-level exposure through direct contact or repeated re-deposition.

These soldiers should also be eligible for the Purple Heart. A chemical weapons exposure at the hands of the enemy is no different than an IED attack or a vehicle ambush.

Undersecretary of Defense for Health Affairs, William Winkenwerder, is responsible for the lack of pre-deployment screening prior to this war; he is also responsible for all health affairs policies that mitigate exposures through public relations tactics used by the Deployment Health Support Directorate. Under Doctor Winkenwerder's leadership, the Army failed to pre-screen thousands of deploying soldiers headed to Operation Iraqi Freedom and continues to put future veterans at risk by not telling the truth about the dangers of a wide variety of exposures. Shamefully, the same people who denied the existence of illnesses in Gulf War veterans are now responsible for monitoring the health outcomes of Operation Iraqi Freedom and Enduring Freedom veterans. The single most egregious problem related to research and DoD is the lack of population identification. The DoD is not providing researchers, the VA or soldiers, unique information identifying where soldiers served. Simply stating that a soldier served in Southwest Asia is not the kind of data the IOM or the VA will need to conduct epidemiological studies.

VA:

Chairman Binns will discuss the lack of funding for VA Gulf War related research and treatments. He will detail lost opportunities and the VA Secretaries response once he found out that his wishes were ignored by those beneath him. We however, are not surprised since there continues to be a cadre of people in the VA system below Secretary Principi that are the culprits who create delay and lack of implementation of the Secretaries intent. It is critical that these people either get on board with the science and direction of the Secretary or be rooted out and relieved of responsibility. We know that there is room for healthy debate when science is weak or not yet founded; in fact, we expect such debate to take place. However, when science is rock solid and clearly points to a treatment or research possibility, we expect action, especially when the Secretary of the Department of Veterans Affairs directs it. Some examples of this continued refusal to acknowledge the science are contained in the Veterans Health Initiative (VHI), a program supposedly designed to recognize the connection between certain health effects and military service. If you read the VHI for Gulf War Illnesses, Caring for War Wounded and Health Effects from Chemical, Biological and Radiological weapons, you will clearly see that current science is not cited in these educational materials. The independent study courses show nothing about current studies related to sarin or any other development since 1999. This lack of current science cannot be an oversight since some of the most compelling research was done by both DoD and VA researchers.

What we need immediately

DoD:
Many service members in Iraq are being wounded by physical trauma, psychological injury and endemic disease. There are early indications of chemical warfare agent exposure, Depleted Uranium exposures, Lariam toxicity and anthrax/smallpox vaccine induced heart problems. This sounds very familiar to events that occurred post 1991.

The difference this time is that we understand that all the exposures above can cause health effects. However, what hasn't changed is DoD is continuing to downplay the health outcomes that this war will present. As Executive Director of the NGWRC, my charge is to focus on ensuring the "Lessons Learned" from the first Gulf War are implemented. Soldiers of this war should not have to face the significant obstacles Gulf War and other war veterans have faced when trying to receive care after serving their country.

If DoD is allowed to have discretion in the implementation of public laws designed to screen soldiers and then also, allowed to present a false statement about the risk of exposure on the battlefield, then we have learned nothing from the mistakes of 1991.

We need this committee and Congress to STOP DoD from creating another generation of veterans who will suffer because current DoD policies don't address the real health effects of the modern battlefield.

We need tracking systems that provide meaningful data that clinicians can cull trends from. We need DoD to sponsor treatment research into alternative therapies that veterans are seeking on their own. We need DoD to immediately release all studies paid for with tax dollars related to Gulf War Illnesses. A classic example is the Rand Study on the Anthrax Vaccine; this report was written, paid for, and yet never released.

We need DoD to continue to study Gulf War illnesses issues where warranted. Many opportunities still exist in researching the following areas.

MILITARY IMMUNIZATIONS

A. Multiple Vaccinations.

1. Anthrax / smallpox vaccines and the dangers posed by multiple vaccinations. Recent reports suggest a connection between heart problems and multiple vaccinations
2. Genetic Screening – It is clear that the "one size fits all" approach to military vaccinations needs study and recent data shows promise in

screening soldiers for genetic predispositions to vaccines and investigational new drugs. The Department of Defense should be required to modify its Defense Medical Surveillance System (DMSS) medical reporting systems to insure it is capable of identifying whether current and future bio-defense vaccines and drugs have genetic risk factors.

DEPLETED URANIUM

A. Depleted Uranium Oxides

1. Science has never been fully conducted to rule in or rule out, the harmful effects of Depleted Uranium exposures. Now that we control Iraq we should conduct large-scale studies to prove or disprove the long-term effects of DU on Iraqis and US Forces serving in Iraq from 1991 to now.
2. Soldier Screening – It is clear that DoD ignored both public law and common sense when it recently denied returning war veterans DU screening. More troubling is the fact that these soldiers medical records did not indicate that they served in an area where DU was a risk. Congress needs to mandate DU screening if DoD is not going to track and report where DU is used on the battlefield. Then we can conduct studies to access the risk.

CHEMICAL WEAPONS EXPOSURES

A. Sarin

1. We are concerned about the dismissive tone the Army has taken related to the recent Chemical Weapons exposures in Iraq. Exposure to sarin nerve gas in concentrations too low to produce immediate symptoms causes irreversible brain damage according to studies by researchers at the University of New Mexico, Albuquerque, and the U.S. Army Medical Research Institute of Chemical Defense, Aberdeen, Maryland.
2. Anyone exposed to sarin gas should be identified by entry into his or her medical record.
3. The soldiers should be advised to monitor their neurological function as well as be required to undergo complete neurological testing upon return to their duty station. If any symptoms develop, they should be directed to Magnetic Resonance Spectroscopy to look for damaged areas of the brain.
4. Additional evidence supporting the link between adverse health effects and low-level sarin exposure is coming out everyday. We need DoD to pursue this science and develop treatment modalities rather than ignoring the facts.

VA:
Congress should mandate that VA research be only Veteran related. Congress should mandate that all VA clinicians be certified in unique veterans exposures rather than allowing them the option to study the VHI series. All staff, plus residents and interns, must take all of the continuing medical education curricula that are listed at www.va.gov/vhi. However, this data must first be updated with current knowledge and scientific input regarding exposures before mandating the curricula. By doing all of the simple no-cost steps outlined above, the VA could take a giant step toward making VHA more of a "Veterans' health care system" with real data culled from inpatient and outpatient records and military history taken at initial examination.

The VA Research Advisory Committee on Gulf War Illnesses should be given oversight into proposed and funded research projects at the VA. They should also be given the responsibility to review and make changes to the Gulf War Illness VHI series. We need the VA to put forth a real effort to share data, conduct studies and direct treatment for ill veterans. We are encouraged by recent statements given by Dr Perlin and Dr Aisen on their commitment to making this happen.

Gulf War veterans illnesses appear to be neurological in nature. The time has come to stop looking for causes and start finding treatments. This means we also must service connect veterans for illnesses like ALS, MS CFS, FMS and MCS, which are more prevalent amongst Gulf War veterans and most likely connected to chemical warfare agent exposure.

Finally, we need to continue to monitor access and gather data from Gulf War veterans. What are their health complaints? What are the most service connected disabilities? Are they getting better or worse over time? These and many more important questions remain unanswered.

Some things have improved, but many things remain broken. I retired in October 2001 and filed an original claim in June 2003. I have been asking the VA to provide me with a Gulf War C&P examinations, pursuant to their statutory obligations under the Veterans Claims Assistance Act of 2000. As of today, I have had no response from VA. If someone at my level can't get an exam, if doctors at the VA don't have access to the current science, if the VA doesn't promote the committee it stood up to look at the status of Gulf War Illness Research, if you cant find the Gulf War coordinator at your local VA center, then what does it say for the how the VA system is working for Gulf War veterans?

We need Congress to refocus the VA. Secretary Principi cannot do it all by himself.

Some accountability would go a long way to fixing these problems. If there were consequences for bad actions, then people would at least be forced to change or loose their jobs.

National Gulf War Resource Center

Funding Statement

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Biography of Stephen L. Robinson

Since September 2001, Steve Robinson has been the Executive Director of the National Gulf War Resource Center (NGWRC), the nation's leading advocacy group for veterans of the 1991 Gulf War and recent conflicts in Iraq and Afghanistan. A tireless advocate for veterans, Robinson has been at the forefront of the debate on a broad spectrum of veterans' issues ranging from Gulf War Illness to the medical and mental health treatment of returning Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) veterans.

He has been called to testify numerous times before the House and Senate on veterans' issues. He also works daily with veterans in need as well as with the national and international media, speaking out for veterans and advocating on their behalf. Robinson currently serves on the 12-member Veterans Affairs Research Advisory Committee on Gulf War Illnesses, a White House directed panel that NGWRC was instrumental in establishing. He is also a Special Advisor to Vietnam Veterans of America on chemical and biological weapons exposures resulting from Project 112 testing during the 1960 and 1970s.

A former Airborne Ranger and Special Forces Instructor, Robinson served with the 1st /10th Special Forces immediately following the 1991 Gulf War. In 1991, he deployed as a medic with the Operational Detachment Alpha Team 32 to Northern Iraq in support of Operation Provide Comfort, where he worked providing humanitarian assistance and aiding in the repatriation of Kurds. In his final assignment, Robinson served as a briefer and analyst for the Gulf War Illnesses research effort in the Office of the Secretary of Defense.

Robinson is a graduate of numerous Army schools and training courses including: Airborne, Ranger, Jungle Warfare, Marine Corps Amphibious Scout Swimmer, Advanced International Long Range Surveillance Course, Special Forces Jumpmaster Course, Instructor Training Course, Advance Trauma Lifesaving Course, Combat Lifesaving Course, Tactics Certification Course, Survival Escape Resistance Evasion Course – High Risk, and the Explosive Ordnance Demolition Course.

He has used his expertise to train numerous organizations in survival, Hostage Rescue and Close Quarters Battle, and Hostage Rescue and Negotiations. Among the agencies he has worked with are the U.S. Air Force Security Police during the worldwide Peacekeeper Challenge competition, and the Correctional Emergency Response Teams of Panama City and Eglin Air Force Base in Florida. Robinson was hand selected to teach survival and land navigation to the U.S. Embassy Staff in Bonn Germany. He also founded and trained the

volunteer Search and Rescue Organization for Santa Rosa County, Florida. He trained the staff and participants of a Youth Outreach Program called Adventure Challenge. This program took adjudicated youth from the juvenile justice system of North West Florida and exposed them to outdoor living and positive role models from the local University. The program was adopted as an elective for collage students pursuing a criminal justice degree.

Robinsons' military decorations include: the Defense Meritorious Service Medal, the Army Meritorious Service Medal, the Army Commendation Medal with four oak leaf clusters, the Army Achievement Medal with four oak leaf clusters, the Humanitarian Service Medal, Expert Infantry Badge, Master Parachutist - US, Master Parachutist – German, Master Parachutist – Korean, German Marksmanship – Silver, German Expert Infantry Badge – Bronze, Ranger Tab, and Special Forces Combat Patch.